



**Application for 2002
Agricultural Labor Camp
Permit IC 16-41-26**

**Indiana State Department of Health
Sanitary Engineering
2 North Meridian
Indianapolis, Indiana 46204
317/233-7811 Fax 317/233-7047**

Camp Owner Information

Name _____

Business Name _____

Address _____

(Town or City)

(State)

(Zip)

(Area Code and Telephone Number)

(County)

Camp Information

Crew Leader _____

Name of Camp _____

Location of Camp _____

(Town or City)

(County of Camp)

Expected Date of Occupancy _____ Expected Date of Closing _____

of Occupants Last Year _____ Expected # of Occupants this Year _____

Sewage Disposal _____ Water Supply _____
(Public or On Site) (Public or Well)

Mortgage Holder

Operator Information

Name _____

Name _____

Address _____

Address _____

City & State _____

City & State _____

Zip Code _____

Zip Code _____

Phone ____ (____) _____

Phone ____ (____) _____

Note: The owner (Deed holder) is responsible for operation of this facility in compliance with IC 16-41-26 and 410 IAC 6-9. All Permits issued pursuant to IC 16-41-26 Expire May 1 following the date of issue.

Date _____ **Owner's Signature** _____